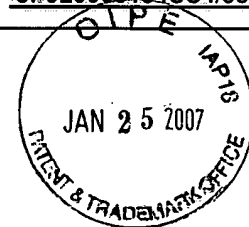


TRANSMITTAL FORMAttorney Docket No.
JP920000184US4/3358PIn re the application of: **Seiichi KAWANO**Confirmation No: **5504**Serial No: **10/721,207**Group Art Unit: **2821**Filed: **Nov 25, 2003**Examiner: **Vu, Jimmy T.**For: **Brightness Controlling Apparatus, Brightness Adjusting System, Computer System, Liquid Crystal Display Unit, Brightness Controlling Method, Computer..****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts				
<input type="checkbox"/>	Executed Declaration by Inventor(s)	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for 1 month(s), From 12/21/2006 to 01/21/2007.			

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	4	4	0	\$ 50.00	\$ 0.00
Independent Claims	2	2	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>11057</u> in the amount of \$ <u>120.00</u> is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>503533</u> (Lenovo)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Kelvin M. Vivjan, Reg. No.: 53,727
Signature	
Date	January 22, 2007

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 1/22/2007 .	
Typed or printed name	Shana Haack
Signature	